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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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APPLICATION NO.	ATION NO. FILING DATE			FIRST NAMED INVENTOR			NEY DOCKET NO.	CONFIRMATION NO.
09/735,488 12/14/2000 Masatoshi Takaira 018656-196 8369								
TITLE OF INVENTION	: DIGITAL COPYING I	MACHINE AI	ND IMAGE	E DATA TRANSFER ME	ETHOD IN DIGITA	L COPY	YING MACHINE	
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
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EXAMINER ART UNIT			NIT	CLASS-SUBCLASS				
LETT, TH	IOMAS J	358-001100						
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Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				or agents OR, alternatively, (2) the name of a single firm (having as a member a				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
MINOLTA CO., LTD. OSAKA-SHI, OSAKA, JAPAN								
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government								
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Advance Order - # of Copies2				Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4800 (enclose an extra copy of this form).				
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a. Applicant claim	s SMALL ENTITY state	ıs. See 37 CFI		b. Applicant is no lo				
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Authorized Signature	Elllan Ci		Date Sep	temb	er 1, 2009			
Typed or printed name	William C.	Rowland	<u> </u>		Registration 1	No	30,888	
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